

2023 ANNUAL REPORT

GEO Reentry Services Operated Within River's Edge Academy (REA)



PARTNERSHIP

Shasta County Probation Department—Juvenile Division

POPULATION SERVED

Youth ages 14 to 17 years of age in the Juvenile Rehabilitation Facility (JRF)

PROGRAM CAPACITY

15 youth

PROGRAM SUMMARY

GEO Reentry Services delivers individualized and comprehensive cognitive behavioral treatment services for youth enrolled in Shasta County Probation's River's Edge Academy (REA) program. Services are tailored to address each youth's individual risk and need factors. The program helps youth learn necessary life skills, develop healthy coping mechanisms, establish self-sufficiency, develop positive attitudes and create long-term, successful reintegration within their natural community. Program length varies based upon the individual needs and circumstances of each youth. The mission of the program is to serve as an effective intervention and solution in addressing criminal thinking, changing behavior, and reducing recidivism in Shasta County.

GEO STAFF

Case Manager Lead
Behavior Change Manager

This report reflects program data and outcomes for the reporting period, April 11, 2022 – April 10, 2023.

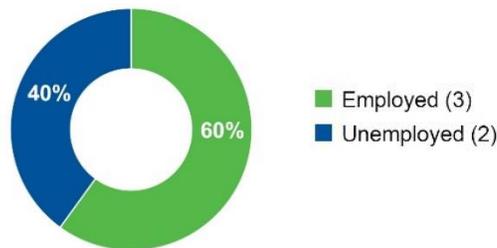
PARTICIPANTS SERVED

Since program inception in 2021, GEO Reentry has served 23 unique youth.

| | 2021/2022 | 2022/2023 |
|-------------------------|-----------|-----------|
| Referrals Received | 21 | 15 |
| - Accepted | 15 | 8 |
| - Denied | 2 | 6 |
| - Withdrawn | 4 | 1 |
| Enrollments | 11 | 13 |
| Youth Served | 11 | 15 |
| Average Daily Count | 7 | 10 |
| Active Youth Report End | 2 | 8 |
| Program Completions | 7 | 4 |
| Discharges | 9 | 5 |
| Male / Female Ratio (%) | 73 / 27 | 93 / 7 |

EMPLOYMENT GAINS

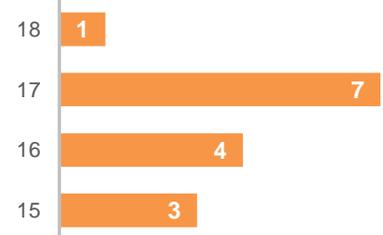
GEO Reentry staff worked to help youth prepare for successful reentry into the community. A key focus is helping youth gain employment. Through a partnership with The SMART Center, youth receive assistance with resume building, job search, job applications, and interview skills. **Three of five youth who successfully completed the program, gained employment before program completion.**



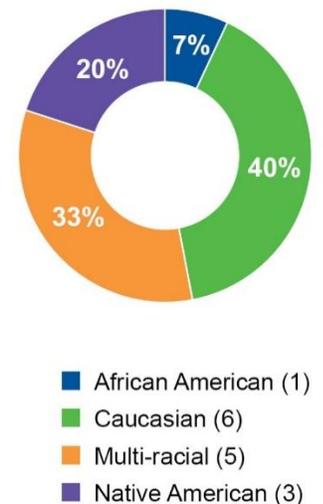
DEMOGRAPHICS

Below are the demographics for the youth served during the reporting period.

AGE



RACE



DISCHARGE RESULTS & AVERAGE LENGTH OF PARTICIPATION

Below are the discharge results for the reporting period. The average number of participation days for individuals who completed programming was 318, with neutral discharges averaging 252 days.

2021/2022 TOTAL DISCHARGES: 9
2022/2023 TOTAL DISCHARGES: 5

| Year | Completion | Neutral | Non-Completion |
|-----------|------------|---------|----------------|
| 2021/2022 | 78% | 11% | 11% |
| 2022/2023 | 80% | | 20% |

- Completion:** includes individuals who completed all GEO Reentry programming
- Neutral:** includes agency-ordered terminations and external transfers
- Non-completion:** includes individuals who did not make satisfactory progress and staff have exhausted all resources to assist at this time

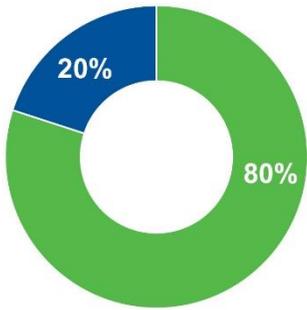
| | 2021/2022 | 2022/2023 |
|----------------|-----------|-----------|
| Completion | 7 | 4 |
| Neutral | 1 | 1 |
| Non-Completion | 1 | 0 |

ASSESSMENTS

Youth were assessed using validated risk/need assessments and questionnaires to determine the appropriate programming and dosage.

SUBSTANCE USE ASSESSMENT

The American Society of Addiction Medicine (ASAM) is a multi-dimensional assessment tool used to determine appropriate substance use needs. For the reporting period, it was determined 80% of the youth served needed substance use services.



■ SA Services Recommended (12)
■ SA Services Not Recommended (3)

RISK AND NEEDS ASSESSMENT

There are eight key life areas proven to be linked to criminal behavior. Through the validated risk and needs assessment tool Positive Achievement Change Tool (PACT), conducted by Probation, staff identify and target the youth's top needs posing the greatest risk to future recidivism. The eight key life areas include:

- Antisocial Attitudes, Values, and Beliefs (AVB)
- Temperament (Personality)
- Antisocial Peers
- History of Antisocial Behavior
- Lack of Education
- Lack of Family Support
- Lack of Prosocial Leisure Outlets
- Substance Use

The top risk factors of the youth served upon entering the program remain the same as the previous reporting year.

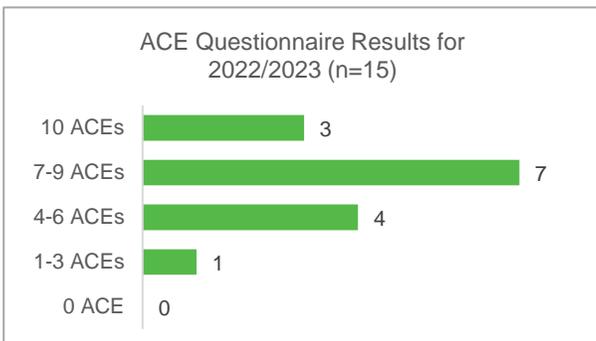
1. Antisocial Attitudes & Beliefs

2. Temperament

3. Antisocial Peers

ADVERSE CHILDHOOD EXPERIENCES (ACE) QUESTIONNAIRE

We utilize the youth's ACE Questionnaire results in order to be responsive to adverse experiences and provide trauma-informed care. For the reporting period, all fifteen youth served had an ACE score of at least three, with 67% (10) reporting a score of seven or higher. To better understand the specific type of adverse experience, staff analyzed the questionnaire results within three categories: childhood abuse, neglect, and household challenges. The charts below show the total ACE scores and the specific type of ACEs that were more prevalent.



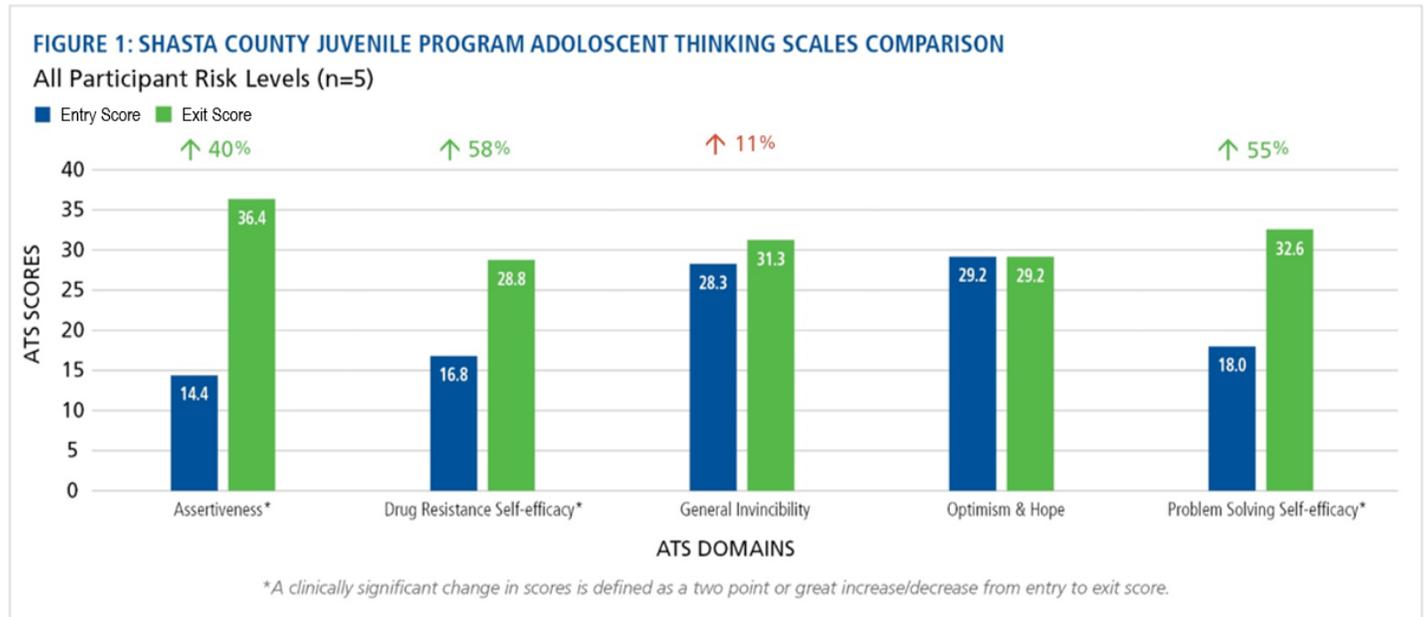
| TOTAL SCORE | 2021/2022 (n=11) | 2022/2023 (n=15) |
|-------------|------------------|------------------|
| 10 ACEs | 1 (10%) | 3 (20%) |
| 7-9 ACEs | 5 (45%) | 7 (47%) |
| 4-6 ACEs | 5 (45%) | 4 (27%) |
| 1-3 ACEs | 0 (0%) | 1 (6%) |
| 0 ACE | 0 (0%) | 0 (0%) |

| TYPE OF ACE | 2021/2022 (n=11) | 2022/2023 (n=15) |
|-------------------------------|------------------|------------------|
| ABUSE | | |
| Emotional Abuse | 82% (9) | 67% (10) |
| Physical Abuse | 73% (8) | 73% (11) |
| Sexual Abuse | 27% (3) | 33% (5) |
| NEGLECT | | |
| Emotional Neglect | 55% (5) | 67% (10) |
| Physical Neglect | 82% (9) | 80% (12) |
| HOUSEHOLD CHALLENGES | | |
| Separation/Divorce | 100% (11) | 93% (14) |
| Substance Abuse | 55% (6) | 73% (11) |
| Incarcerated Household Member | 45% (5) | 87% (13) |
| Mental Illness | 91% (10) | 87% (13) |
| Mother Treated Violently | 55% (6) | 60% (9) |
| None | 0% (0) | 0% (0) |

ADOLESCENT THINKING SCALES ASSESSMENT

The Adolescent Thinking Scales (ATS) assessment measures thinking styles and errors among adolescents. An analysis of the entry and exit ATS scores for five youth who completed the program during the reporting period showed an improvement in four of the five domains.

Figure 1 below illustrates that the programming had the desired impact, with the exception of General Invincibility, averaging a 26% (9.1 points) increase across the domains. General Invincibility is the one domain we expect to see a decrease after programming. Examining the characteristics of invincible thinking reinforces the challenges inherent in working with youth while providing guidelines for health promotion programs with this age-group. The characteristic of invincible thinking that “it won’t happen to me” first needs to be addressed, so that the youth can see that “yes, this could happen to me”. Spending time with youth, sharing personal stories, and making those experiences real by showing how certain risky behaviors and the consequences of risky behaviors can affect the youth’s everyday life are more effective than merely citing statistics. Focusing on the here and now versus teaching about long-term health consequences of risky behaviors is an important guiding principle in teaching.¹



¹Wickman, Anderson, N. L. R., & Smith Greenberg, C. (2008). The Adolescent Perception of Invincibility and Its Influence on Teen Acceptance of Health Promotion Strategies. *Journal of Pediatric Nursing*, 23(6), 460–468. <https://doi.org/10.1016/j.pedn.2008.02.003>

| ATS DOMAIN | DESCRIPTION | INDICATOR OF IMPROVEMENT |
|-------------------------------|---|--------------------------|
| ASSERTIVENESS | · Confidence regarding ability to express own opinions, stand up for oneself, and say no | Increase |
| DRUG RESISTANCE SELF-EFFICACY | · Confidence regarding ability to resist using drugs, avoid situations where drugs are present, and make friends who do not use drugs | Increase |
| GENERAL INVINCIBILITY | · Belief that one will not get hurt from doing risky and dangerous activities | Decrease |
| OPTIMISM AND HOPE | · Expectation of positive outcomes and a hopeful future | Increase |
| PROBLEM SOLVING SELF-EFFICACY | · Confidence regarding ability to solve problems | Increase |

BEHAVIOR CHANGE PLANS (BCP): ROADMAP FOR SUCCESS

GEO Reentry staff and each participant create a Behavior Change Plan (BCP) to target risk factors identified by their assessments. The BCP serves as an action-oriented roadmap comprised of goals and supporting action steps to achieve those goals. Goal setting is a valuable skill to develop and aids efforts towards developing prosocial thoughts and behaviors long-term. Youth can earn rewards and recognition for their progress as they complete their action steps and goals.

TOTAL COMPLETED

- 111 Action Steps
- 49 Goals

PRE-SERVICE ENGAGEMENT

Establishing rapport and building trust with each youth is a top priority for GEO Reentry staff throughout a youth's program, especially in the beginning. As a youth is identified as a potential candidate for REA, GEO Reentry staff meet with the youth at least twice a week. Before program entry, staff work to build rapport, assess readiness for change, level of motivation, identify primary risk factors, and ultimately start to build an understanding of the youth's programming needs. If the youth is accepted into REA, they complete Program Orientation and prepare to transition into programming. This step is essential in helping the youth understand the services offered and to generate a willingness to engage.

DOSAGE HOURS

Below is a breakdown of the primary dosage hours completed by the fifteen youth served during the reporting period.

| | | | |
|-----|--|-----|--|
| 13 | Introduction: Thinking for a Change (T4C) | 39 | Restorative Justice |
| 222 | T4C Social Skills | 183 | Cognitive Behavioral Treatment (CBT) Labs |
| 108 | T4C Cognitive Self-change & Problem Solving | 120 | Trauma-informed Services |
| 277 | Moral Reconciliation Therapy® (MRT) | 30 | Aftercare Transition Meetings |
| 114 | Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) | 288 | Individual Cognitive Behavioral Treatment (ICBT) Sessions |

ADDITIONAL SERVICES

GEO Reentry staff facilitate additional services, including essential needs and resource support, Program Orientation, Starting Point, Assessments & Questionnaires, skills practice, Behavior Change Plans, collaborative treatment meetings, education and employment services, and reentry and discharge planning. Additional dosage to further target key life risk factors include:

Change Company Journals: To offer additional one-on-one dosage and support addressing a variety of unique needs for each youth, GEO Reentry staff utilize the Change Company Journals, including but not limited to, Moving Forward, Victim Awareness, Anger Management, Soft Skills, Family, Individual Change Plan, Reentry Planning, and Recovery Maintenance.

Gang Curriculum: In March 2023, a new curriculum was added to address gang involvement. The curriculum helps facilitate conversations and interventions focused on key gang issues, to build empathy, and address ethical and moral choices and criminal thinking.

AFTERCARE & ALUMNI SERVICES

In October 2022, staff held the first aftercare/alumni event at Oasis Fun Center. Shasta County Probation and GEO Reentry staff, program alumni, and the individuals in aftercare enjoyed an evening of mini golf, pizza, and great conversation. Throughout the year, GEO Reentry staff continue to engage with the alumni and occasionally meet for lunch in the community. The next aftercare/alumni event is planned for Fall 2023.

OPPORTUNITIES

Hope Scores: In December 2022, Case Manager Lead Pearl Dye attended the Hope Navigator Training facilitated by Dr. Chan Hellman, Founding Director of The Hope Research Center, author, and professor at the University of Oklahoma. This training helps attendees gain expertise to increase the well-being in the lives of people they serve and for the organization in which they work. After the training, Ms. Dye and Program Manager Ms. Gehrung had the opportunity to spend time with Dr. Hellman to share on the work we do and discuss best practices for delivering the Hope Scale to the at-risk youth population. We look forward to measuring our impact and sharing the results of instilling a hopeful mindset in the youth we serve.